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CONFIRMATION NO. 4947

SERIAL NUMBER 10/018,615	FILING OR 371(c) DATE 03/11/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. FIT-10202/29
APPLICANTS William R. Fitz, Columbus, OH;				
** CONTINUING DATA ***** This application is a 371 of PCT/US00/00544 01/10/2000 which is a CON of 09/336,241 06/18/1999 PAT 6,314,325 which is a CIP of 09/056,216 04/07/1998 PAT 6,014,588				
** FOREIGN APPLICATIONS ***** <div style="text-align: right;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 27
		INDEPENDENT CLAIMS 5		
ADDRESS John G Posa Gifford Krass Groh Sprinkle 280 N Old Woodward Avenue Suite 400 Birmingham ,MI 48009				
TITLE NERVE STIMULATION METHOD AND APPARATUS FOR PAIN RELIEF				
FILING FEE RECEIVED 368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	